

RETROSPECTIVE STUDY ON PATIENTS UNDERGOING LAPAROTOMY TO ASSESS THE RISK FACTORS OF RE-LAPAROTOMY

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INTRODUCTION:

A large number of patients undergo various operative procedures every day, out of which laparotomy forms a major proportion. Abdominal surgery that has to be re-done in association with initial surgery is referred to as re laparotomy. Re-laparotomy is associated with increased morbidity and mortality(2). Therefore it's the final choice of surgery. Whenever re laparotomy is necessary, mortality increases to as high as 22% to 51%.³

AIM:

- To find out the incidence of re- laparotomy
- To identify the risk factors/ predictors of re laparotomy in patients undergoing general surgery operations

OBJECTIVES:

- The objective of the study are to find the incidence of revision among laparotomy cases
- To identify the predictors of re laparotomy
- To develop a scoring system to assess patients at risk for re laparotomy

METHODOLOGY:

Study Design: RETROSPECTIVE STUDY.

Sample size: 100

Duration: 1 ½ Year, 1st Jan 2016 – 1st June 2017

Statistical Analysis:

- Data analysed using SPSS 22.
- Results were expressed in percentage
- Associations were analysed using chi-square or 't' test depending on outcome variables

Inclusion Criteria

- Age more than 18 years
- Patients requiring laparotomy
- Both general and trauma surgery

Exclusion Criteria

- Patient with initial laparostomy, only flank drain placement.
- Laparotomies during colostomy / ileostomy closure.
- Initial laparoscopic procedure.
- Minimal invasive procedure like ultrasound guided drainage etc

RESULTS:

The incidence of revision laparotomy in this study was 7% and the incidence of second revision laparotomy was 1%, The indications for relaparotomy were anastomotic leak 2/7 (20 %) , burst abdomen 2/7 (20%) , pancreatic injury 1/7 (10%), bladder injury 1/7 (10%), negative laparotomy 1/7 (10%), anastomotic leak and burst abdomen , The variables with significant p value are systemic hypertension, COPD, CAD, intra op and post op inotropic support, wound infection , wound dehiscence and intra abdominal abscess

Key words: laparotomy, re laparotomy, post op peritonitis, burst abdomen